



Bill White, Mayor

CITY OF HOUSTON
Department of Finance and Administration
Post Office Box 1562 Houston, Texas 77251-1562 281-233-7860

SCHOOL VEHICLE DRIVER APPROVAL INSTRUCTIONS

QUALIFICATIONS

The Houston Code of Ordinances, Chapter 46 provides that each person designated as a driver on an application must meet the following qualifications.

1. Be eighteen (18) years of age or older;
2. Have a valid State of Texas Driver's License.
3. Have a valid State of Texas School Bus Training Certificate
4. Show proof of having passed a medical examination in the preceding 30 days.
5. Not have any criminal convictions or time spent in jail during seven (7) years preceding the application;
6. Provide evidence of having passed a 5- panel NON-DOT drug test in 30 days or less prior to the application. (The 10-panel DOT drug test will be accepted if done in past 30 days)
7. Submit fingerprint cards for Texas Department of Public Safety & F.B.I. conviction records check along with **TWO** Money Orders or Cashiers Checks for \$15.00 and \$24.00. **(No Cash or Personal Checks will be accepted). Make both money orders payable to "City of Houston".**
8. Show proof of right to work in the U.S. (See Instructions)

INSTRUCTIONS FOR INITIAL APPLICANTS

- Step 1.** Complete the application form and take it to Municipal Courts @1400 Lubbock for a traffic warrants check then:
- Step 2.** Take the application to the Houston Police Department @1200 Travis, 10th floor Identification Division for fingerprinting. You will leave the application at the Police Department and wait 10 (ten) days and call the Transportation Division @ 281-233-7860 to ask if your application has returned.
- Step 3.** If the application has returned from the Police Department, bring **TWO** Money orders or Cashier checks to the Transportation Division @ 5050 Wright Road. **(No Cash or Personal Checks will be accepted)** **You must also bring the following two documents:**
1. Proof of having passed a 5-panel drug test within the preceding 30 days.
 2. The completed Schedule M form signed by the examining doctor.
 3. Proof of right to work in the U. S. (Proof of right to work can be)
Social Security Card and Valid Texas Driver's License or;
Unexpired Resident Alien Card or;
Permanent Resident Alien Card or;
Valid Work Authorization Card or;
Birth Certificate indicating birth in the U.S. or;
Naturalization Certificate

****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED****

*****APPLICATIONS RETURNED BY THE HPD WILL BE KEPT ON FILE FOR 30 DAYS AFTER WHICH TIME A NEW APPLICATION MUST BE SUBMITTED*****

******NAME ON APPLICATION MUST MATCH EXACTLY WITH NAME ON SOCIAL SECURITY CARD AND DRIVER'S LICENSE***

SCHEDULE M
CITY OF HOUSTON
Finance & Administration Department
Transportation Division
School Vehicle Driver's Physical Examination

Name: _____ Address: _____

Have You Ever Had: Heart Trouble? ____ Epilepsy? ____ Fainting Spells? ____ Diabetes? ____ Tuberculosis ____
If "Yes" to any of the above, explain: _____

To Be Completed by Physician:

Visual Acuity * (If individual wears glasses, test and record acuity with and without glasses)

Without Glasses: R 20/ _____ L 20/ _____ B 20/ _____

With Glasses: R 20/ _____ L 20/ _____ B 20/ _____

Field of Vision _____ Degrees Depth Perception _____

Color Perception _____ Muscular Abnormalities _____

Hearing Without Hearing Aid: Right _____ Left _____

Heart Sounds: At Apex Murmur _____ At Base Murmur _____

Rhythm _____ Enlargement Indicated _____

Pulse: Rate _____ Regularity _____

Blood Pressure: Systolic _____ Diastolic _____

Condition of Arteries: Sclerosis _____ Pulsations _____

Lungs: Rate _____ Breathing Sounds _____

Weight: _____ Height: _____

Extremities: Deformities _____

Routine Office Urinalysis _____

Evidence of Infectious Disease, Mental Disability, Emotional Instability, or Drug Addiction _____

Remarks regarding any Condition not within Normal Limits: _____

This is to Certify that I have examined: _____ and certify that he/she is mentally and
Physically fit to safely operate and drive a School Vehicle.

Signature of Physician _____

Address _____ Telephone # ____/____/____/

Date of Examination _____

*Either a licensed physician or a licensed optometrist may perform visual Examination.
If additional space is needed, attach extra sheet.

MUNICIPAL COURTS
TRAFFIC COURTS RECORDS
1400 LUBBOCK

Checked By

Clerk; Corporation Court

+++++

HOUSTON POLICE DEPT.
Identification Bureau
1200 Travis 10 th floor

RIGHT HAND
1. Thumb

Checked By

FPC _____

FINANCE & ADMINISTRATION DEPT.

Approved By

Date

Investigator

APPLICANT'S NAME: _____

Last

First

Middle

**SCHOOL VEHICLE DRIVER'S
APPROVAL APPLICATION
(PRINT NEATLY)**

1. NAME _____
LAST FIRST INITIAL
2. ADDRESS: _____ CITY _____ ZIP CODE _____
3. SOCIAL SECURITY# _____ DATE OF BIRTH _____
4. FOR WHAT BUS COMPANY DO YOU INTEND TO DRIVE? _____
5. HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE OR SPENT TIME IN JAIL IN THE PRECEDING SEVEN (7) YEARS? _____ YES _____ NO (DO NOT INCLUDE TRAFFIC OFFENSES)
6. YOU NOW CHARGED WITH A FELONY OR MISDEMEANOR? YES _____ NO _____

STATE OF TEXAS & HARRIS COUNTY

I, _____, BEING FIRST AND DULY SWORN DEPOSES AND SAYS HE/SHE IS THE INDIVIDUAL MAKING THE FOREGOING APPLICATION OF HIS/HER VEHICLE DRIVER'S LICENSE AND THAT THE ANSWERS TO THE FOREGOING QUESTIONS AND OTHER STATEMENTS CONTAINED THEREIN ARE TRUE OF HIS/HER KNOWLEDGE.

SIGNATURE OF APPLICANT _____
 SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC, HARRIS COUNTY MY COMISSION EXPIRES: _____

DO NOT WRITE BELOW THIS LINE

CITY OF HOUSTON MONEY ORDER NUMBER

TEXAS DEPARTMENT OF PUBLIC SAFETY MONEY ORDER NUMBER

